

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8781
Registrar's No. 2264

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
(Specify whether years, months or days)

8. (a) PRINT FULL NAME William Molt

3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W.
6. (b) Name of husband or wife Lettie Molt
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 7, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 27
If less than one day hr. _____ min. _____

9. Birthplace Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation R.R. Laborer

11. Industry or business _____

12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph D. Roemer
(b) Address 9326 Vermont

17. (a) Burial (b) Date thereof 3-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Hope Cem.

18. (a) Signature of funeral director Southern Funeral

(b) Address 6322 S. Grand

19. (a) MAR 7 1940 (b) _____
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8510 S. Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5,
year 1940 hour 5:40 minute A. M.

21. I hereby certify that I attended the deceased from February 26, 1940, to March 5, 1940;
that I last saw him alive on March 5, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia
Due to Leukemia
Due to 11
Other conditions 11
(Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy As above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature J. J. Peters (M. D. or other) _____

Address 1515 Lafayette Date 3/5/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 16 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Vincent L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.